

471-000-509 Nebraska Medicaid Home Health Agency Fee Schedule

Procedure Code	Description	Medicaid Allowable	Units of Service*
G0151	Brief physical therapy service in home health setting (1-8 units)	\$100.39/visit	15 minutes
G0152	Brief occupational therapy service in home health setting (1-8 units)	\$100.39/visit	15 minutes
G0153	Brief speech-language pathology service in home health setting (1-8 units)	\$100.39/visit	15 minutes
G0154TD	Brief RN service in home health setting (1-8 units)	\$86.44/visit	15 minutes
G0154TE	Brief LPN service in home health setting (1-8 units)	\$86.44/visit	15 minutes
G0156	Brief Aide service in home health setting (1-8 units)	\$53.39/visit	15 minutes
S9122	Hourly Aide service in home health setting	\$21.84/hourly	1 hour
S9123	Hourly RN service in home health setting	\$35.15/hour	1 hour
S9124	Hourly LPN service in home health setting	\$24.06/hourly	1 hour
S9123TG	Hourly RN service in home health setting for high tech service	\$42.33/hourly	1 hour
S9124TG	Hourly LPN service in home health setting for high tech service	\$30.42/hourly	1 hour
S9123UN	Hourly RN service in home health setting for 2 client at the same time	\$31.76hourly	1 hour
S9124UN	Hourly LPN service in home health setting for 2 clients at the same time	\$22.81/hourly	1 hour
T1022TG	Daily nursing service for ventilator dependent clients 21 and older in home health setting	\$762.17	1 day

***Bill only for the number of units actually provided.**

Limitations: For clients age 21 and older, Medicaid does not cover therapy sessions in excess of 60 session per fiscal year (July1-June 30) for any combination of physical therapy, occupational therapy and speech therapy (471 NAC 14-004, 17-004, 23-004).

\$227.63/day- Daily payment limit on skilled nursing services for persons age 21 and older in a home health setting.

\$762.17/day- Daily payment limit on skilled nursing services for persons age 21 and older who are ventilator dependent in a home health setting.